APR 1 8 2003

In re

application of :

Michael R. Rosen et al.

Serial No.

09/505,458

Group:

3762

Filed

February 11, 2000

Examiner: F. P. Oropeza

For

CARDIAC REMODELING

ASSISTANT COMMISSIONER FOR PATENTS Washington, D.C. 20231

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APR 2 2 2003

TECHNOLOGY CENTER R3700

TOTAL ADDITIONAL

SIR:

Transmitted herewith is an amendment to the above identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

\_\_X No additional fee is required.

The filing fee is calculated as follows:

| -   | NUMBER                  |   | HIGHEST                    |   | NUMBER OF                    |     | RATE            | RATE            |    |                 |                 |
|---|-------------------------|---|----------------------------|---|------------------------------|-----|-----------------|-----------------|----|-----------------|-----------------|
| ·   | AFTER<br>AMEND-<br>MENT |   | NUMBER PREVIOUSLY PAID FOR |   | EXTRA<br>CLAIMS<br>PRESENTED |     | SMALL<br>ENTITY | OTHER<br>ENTITY |    | SMALL<br>ENTITY | OTHER<br>ENTITY |
| Total<br>Claims   | 60                      | _ | * 60                       | = | ***                          | х   | 9               | 18              | =  | 0               |                 |
| Indepen-<br>dent<br>Claims                                    | . 9                     | - | ** 9                       | = | ***<br>O                     | х   | 42              | 84              | 11 | 0               |                 |
| Multiple Dependent Claim(s) Presented Yes X No For First Time |                         |   |                            |   |                              | 135 | 270             |                 |    |                 |                 |

\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\*If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space. Applicant :

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Amendment Transmittal Letter Page Two

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

|  |    |    | charge Deposit Account No |       |        |    |      |       |    |      | amount | Ξ |
|--|----|----|---------------------------|-------|--------|----|------|-------|----|------|--------|---|
|  | of | \$ | <u> </u>                  | Three | copies | of | this | sheet | is | encl | osed.  |   |
|  |    |    |                           |       |        |    |      |       |    |      |        |   |

\_\_\_ A check in the amount of \$ \_\_\_ is enclosed.

- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposition Account No. 03-3125. Three copies of this sheet are enclosed.
  - X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
  - X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Assistant Commissioner of Patents, Washington, D.C. 20231.

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